Electronic Funds Transfer (EFT) Debit Application lssued under P.A. 122 of 1991. Filing is mandatory if you wish to pay by EFT.

Use this form to notify us that you intend to file electronically. You may begin electronic filing after you receive our approval and receive

instructions for transmitting.					
Taxpayer Name and Address			Taxpayer Identification Number		
			Contac	t Person Telephone	e Number
Contact Person			Contact Person Fax Number		
Please indicate the type of tax(es) you w	ill be paying b	y EFT:	,		
Withholding Single Sales Tax Sales			Use Tax on Sales and Rentals Use Tax on Purchases		
Tax Codes (01100) (02	100)	(04200)	(04400)		(04500)
Please supply your bank name, ABA/Routin	g Number, and	d your checking account	number.		
Bank Name	-	BA/Routing Number		Your Bank Accou	nt No.
The contractor will test your account to ensmake sure the account is the proper type. payments. Please allow 3 to 4 weeks. Meweeks.	Once testing	is complete, our contrac	ctor will send yo	ou detailed inst	tructions for making EFT
Authorization for EFT Debits					
If you are interested in making electronic taxes using the Electronic Funds Transfe withdraw the funds you authorize. Please do	r (EFT) debit	method, you must give			
I authorize the State of Michigan and its authorized cordesignated above. I understand that only the withdraw change banks or bank account numbers I will complete made from your old bank/account number until you are time by sending a written notice to the address noted be electronic transfers as they exist on the date of my sign transactions authorized by this agreement in all respectal must sign this form.	als I authorize will I e Treasury form 24 e notified by our col pelow. I agree to co nature on this form	be made and that this process in 39 and return it to the address in thractor that the change has be symply with the National Automa or as subsequently adopted, a	is protected by a pas noted on the bottom en made. I understa ted Clearing House mended, or repealed	sword and a user of of the 2439 form. I nd that I may cance Association Rules of I. Michigan law gov	code. I understand that if I Withdrawals will continue to be el this authorization at any and Regulations about verns electronic funds
Signature of Responsible Officer	Titl	е		Date	
Please be aware of corporate officer liability	as provided in	Michigan Compiled Law	ve 205 27a(5):		
"If a corporation liable for taxes adminis of its officers having control or supervisible for the failure"	tered under th	is act fails for any reaso	on to file the req		
Corporate Officer Certification (This fo	orm will not be pr	ocessed for corporations u	nless this section	is completed.)	
Signature of Officer Responsible for Reporting and/or P	aying Michigan Ta	xes		Date	
Type or Print Name				Title	
This corporate officer certification must b Michigan Taxes.	e resubmitted	when there is a chan	ige in the office	er responsible	for filing and/or paying
Mail this form to the Michigan Departmenter from our contractor for filing electronic payn		for approval. We will si	gn it and return	it to you. You	will receive instructions
Treasury Approval				Date	

If you have any questions, contact the Michigan Department of Treasury at (517) 636-4350.

Return this form to: Sales, Use and Withholding Taxes

Michigan Department of Treasury

Treasury Building Lansing, MI 48909 Fax: (517) 636-4356